

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041904

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 31 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *St. Louis*

Length of stay in lb
6 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION *DePaul Hospital*

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE *Missouri* b. COUNTY *St. Louis*

c. CITY OR TOWN *Woodson Terrace*

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS *9721 Lilly Jean Drive* (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First *Otis Herman* Middle *Peeples* Last

4. DATE OF DEATH
Month *October* Day *24* Year *1963*

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
12/15/95

9. AGE (last birthday)
67

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Inspector

10b. KIND OF BUSINESS OR INDUSTRY
General Motors Co

11. BIRTHPLACE (City and state or country)
Fulton Kentucky

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Thomas Lee Peeples

13b. MOTHER'S MAIDEN NAME

Alice Mc Clain

14. NAME OF HUSBAND OR WIFE

Pauline Peeples

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates)
no none

16. SOCIAL SECURITY NO.
6

17. INFORMANT
Address *Mrs Pauline Peeples 9721 Lilly Jean Drive*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH
3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atherosclerotic Heart Dis

5 mbs

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Acute gastritis - 4 days prior

PART III. If deceased was female was there a pregnancy in last 90 days

Yes ☐ No ☐ Unknown ☐

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour *7:30* a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *10-15-58* to *10-24-63* and last saw him alive on *10-24-63*
Death occurred at *7:30 am* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Rev. W. R. Reilly

22b. ADDRESS

730 Hodiamont

22c. DATE SIGNED

10-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10/26/63

23c. NAME OF CEMETERY OR CREMATORY

Mount Lebanon Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Missouri

(State)

FUNERAL DIRECTOR

Shepard Funeral Chapel

ADDRESS

Natural Bridge Road

25. DATE RECD. BY LOCAL REG.

OCT 25 1963

REGISTRAR'S SIGNATURE

Paul Smith - M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

[illegible]

working under my personal supervision.

Student _____

Signature of Student Embelmer _____

Signed

Licensed Embalmer No. 7479

P. O. Address Berkley, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.